

## DOCUMENT RESUME

ED 350 081

PS 020 629

AUTHOR Griffin, Abbey; Fiene, Richard  
TITLE Promoting Change in State Policy Decisionmaking on Quality Infant/Toddler Child Care and Head Start Services: Study on a Technical Assistance Forum.  
INSTITUTION National Center for Clinical Infant Programs, Arlington, VA.  
SPONS AGENCY Carnegie Corp. of New York, N.Y.; Ford Foundation, New York, N.Y.; Foundation for Child Development, New York, N.Y.; Smith Richardson Foundation, Inc., Greensboro, N.C.  
PUB DATE 92  
NOTE 46p.  
PUB TYPE Reports - Research/Technical (143)  
EDRS PRICE MF01/PC02 Plus Postage.  
DESCRIPTORS Comprehensive Programs; Cooperative Programs; \*Day Care; \*Educational Quality; Family Programs; \*Financial Support; Infants; \*Policy Formation; Preschool Education; Private Financial Support; \*Program Effectiveness; State Aid; Technical Assistance; Toddlers  
IDENTIFIERS \*Project Head Start

## ABSTRACT

In June 1991, the National Center for Clinical Infant Programs invited 320 state policymakers, leaders of national and state advocacy organizations, and practitioners to a technical assistance forum on "Finding and Funding Quality Child Care and Head Start Services for Infants and Toddlers." The forum focused on essential practices in high quality care, public and private funding, and quality assurance; and five key concepts: "family-centered services," the "whole baby" approach, "comprehensive services," the "medical home," and "quality early childhood services." A pre- and post-test study assessed the effectiveness of the forum in empowering participants with expert knowledge and implementation strategies that could be used in their states. Responses from a random sample of 58 participants indicated that the participants left the forum with a stronger commitment to: (1) identifying and changing conflicting regulations, eligibility standards, and funding mechanisms for the states' child care systems; (2) strengthening interagency/cross-system planning and the sharing of resources among health, early intervention, and other social services; (3) blending funds to improve the quality of the child care system; (4) disseminating information to parents about available child care and indicators of quality; (5) implementing a system to disseminate health and safety information and train child care providers; and (6) implementing interagency planning among state administrators to ensure that all infants/toddlers in child care are immunized, have health supervision, and are cared for by trained adults. (AC)

\*\*\*\*\*  
Reproductions supplied by EDRS are the best that can be made  
\* from the original document. \*  
\*\*\*\*\*

Promoting change in state policy decisionmaking on quality infant/toddler child care and Head Start services: Study on a technical assistance forum.

ED350081

U.S. DEPARTMENT OF EDUCATION  
Office of Educational Research and Improvement  
EDUCATIONAL RESOURCES INFORMATION  
CENTER (ERIC)

X This document has been reproduced as  
received from the person or organization  
originating it.

☐ Minor changes have been made to improve  
reproduction quality.

• Points of view or opinions stated in this docu-  
ment do not necessarily represent official  
OERI position or policy.

Abbey Griffin, Ph.D.

Co-Director, Better Care for the Babies Project  
ZERO to THREE/National Center for Clinical Infant  
Programs

Richard Fiene, Ph.D.

Coordinator of Early Childhood Education,  
Pennsylvania State University at Harrisburg  
Director of Research, Pennsylvania Office of Children,  
Youth and Families, Department of Public Welfare

PERMISSION TO REPRODUCE THIS  
MATERIAL HAS BEEN GRANTED BY

Richard  
Fiene

TO THE EDUCATIONAL RESOURCES  
INFORMATION CENTER (ERIC)."

Sponsored by ZERO to THREE/National Center for Clinical Infant  
Programs and supported by a grant from the Smith Richardson  
Foundation, the Ford Foundation, The Foundation for Child  
Development, and the Carnegie Corporation of New York.

BEST COPY AVAILABLE

PS 020629

## ABSTRACT

### Promoting Change in State Policy Decisionmaking on Quality Infant/Toddler Child Care and Head Start Services: Study on a Technical Assistance Forum

ZERO to THREE/National Center for Clinical Infant Programs held a national technical assistance forum in 1991 to address state strategies for improving the quality and increasing the supply of infant/toddler child care and Head Start services. Presenters stressed the importance of interagency/cross-system planning and sharing resources needed to achieve comprehensive, coordinated services for infants/toddlers and their families. The goal was to empower policymakers and policyshapers (advocates, representatives of professional and practitioner groups) with expert knowledge and implementation strategies that could be used in their states. A pre- and post-test study was designed to assess the effectiveness of the forum in meeting this goal. A random sample of participants (n=58) completed the pre- and post-test questionnaires. The 40 item questionnaires examined gains made in both knowledge and state policy practices. Differences between pre- and post-test responses were measured and a preliminary test of interaction was conducted to identify areas where technical assistance could help sustain progress towards change. The sample demonstrated high level knowledge regarding problems in the current state policymaking process. Only 3 of the knowledge items reached significance. Strong effects appeared on the practice items. Over half (n=14) of these items reached significance. Change on all but one of the 40 items was in a positive direction. Significant pre- to post-test results indicated participants left the forum with a stronger commitment and new ideas on the need to press for the following changes in state policymaking practice: 1) identify and change conflicting regulations, eligibility standards and funding mechanisms for the state's child care system; 2) strengthen interagency/cross-system planning and the sharing of resources among health, early intervention and other social services; 3) blend funds to improve the quality of the child care system; 4) disseminate information to parents about available child care and indicators of quality; 5) implement a training system to disseminate health and safety information and provide training to child care providers; 6) implement interagency planning among state administrators with the goal of assuring that all infants/toddlers in child care are immunized, have health supervision and are cared for by adults who are trained in basic health and safety protections and health services resources.

Promoting Change in State Policy Decisionmaking on Quality  
Infant/Toddler Child Care and Head Start Services: Study on a  
Technical Assistance Forum

Demands to increase the supply and the need to assure high quality in infant/toddler child care are sources of ongoing tension for both state policymakers and practitioners. Such tensions result from competition for limited and predominantly categorical funding streams that flow to states for infant/toddler and family services (Granger & Marx, 1990; Pizzo, 1989; Sugarman, 1991). They are rooted in questions about the role of government in financing and assuring quality -- What populations should be targeted for child care assistance? What is the responsibility of the federal government, state, and local agencies for establishing quality protections and improving the quality of child care services (Beck, 1982; Nelson, 1982; Phillips, Lande, Goldberg, 1990; Zigler & Goodman, 1982)?

Tensions are further complicated by questions about what are essential practices that assure high quality infant/toddler child care --- What do parents want and what should they know before selecting child care (Zinsser, 1991)? What do experts in the field say about what is best for babies and their families in child care (NCCIP, 1988)?

Even in those areas where there is agreement about best practices that should be promoted in infant/toddler child care (e.g., adult-child ratios, group size, caregiver training, health and safety protections), there are wide discrepancies between knowledge about what is best for babies and families and state/federal policy decisions that translate knowledge into practices that would assure an adequate supply of quality infant/toddler child care and Head Start services. (Adams, 1991; Bredekamp, 1987; Morgan, 1987).

In June of 1991, the National Center for Clinical Infant Programs' (NCCIP) Better Care for the Babies Project (BCTB) invited state policymakers, leaders of national and state advocacy organizations and practitioners to a forum on these issues. "Finding and Funding Quality Child Care and Head Start Services for Infants and Toddlers: A Technical Assistance Forum" offered presentations on how states can blend categorical funding streams; specifically, funds from the Family Support Act (FSA child care), the At-Risk Child Care Program (Title IVA of FSA), the Child Care Block Grant (CCDBG), Medicaid, Individuals with Disabilities Education Act (IDEA), the Maternal and Child Health Block Grant (Title V), and funds flowing directly to the Head Start Program. State-level cross-system and interagency planning, as well as public-private collaborations, were discussed as means of facilitating local efforts to weave together services needed by families and their babies. Forum presenters addressed regulatory

and nonregulatory approaches states can use to create an adequate supply of infant/toddler child care while simultaneously improving the quality of services to babies and their families.

An on-site evaluation of the Forum indicated high participant satisfaction with the content and agenda (mean approval rating 4.5 on a 5 point scale). NCCIP staff and Forum funders, however, wanted to know more about the potential effects of such meetings. A pre-and-post test study on a randomly selected sample of Forum participants was designed to assess knowledge gained about the features and financing of high quality infant/toddler child care, and state policymaking practices to improve the quality of child care and Head Start services.

A matrix of three content areas and five key concepts was created to plan the Forum agenda and the study questionnaire. Knowledge and practice questions were developed to fill each of the 15 cells in the matrix (see Figure 1).

The first content area, "essential practices" in high quality infant/toddler child care and Head Start services includes: building partnerships with parents (and families); immunization, injury control, disease prevention and health promotion; natural and least restrictive environments for infants and toddlers with special needs; caregiver training, benefits and salary improvement. The second, "financing," includes: new child care legislation;

expanded funding for Head Start services for infants and toddlers (e.g., the Parent-Child Centers); blending categorical federal funding streams as well as public-private partnerships and employer-supported initiatives. The third, "quality assurance," includes both regulatory and nonregulatory approaches: the state's child care regulation and monitoring system; voluntary child care program accreditation; caregiver credentials through professional organizations; self study and research methods for evaluating quality; and the education of caregivers and families through the work of professional associations, family resource centers and child care resource and referral agencies.

The first key concept, "family centered services," is an approach to service delivery that views the family as the constant in the child's life, around which the service system must revolve. Such services strive to motivate and empower parents to develop the skills necessary to be effective, confident nurturers as well as effective advocates for their child's educational, health, nutritional, and social needs. The family-centered service approach addresses the needs of both the families and children. For example, such an approach would mandate that welfare-to-work programs funded through the Family Support Act of 1988 give equal emphasis to the quality of child care and other services provided the child as is given to adult education, job training and job placement. This has been called a two generational approach (Golden, 1991, Foundation for Child Development, 1991).

The second key concept, "whole baby approach" views the infant as a human being whose physical, emotional, cognitive and social needs must be seen as multiple, interrelated and inseparable strands of development (NCCIP, 1988; Pizzo, 1989). Babies have unique needs. They are more vulnerable than children over three years of age to disease because their immune systems have not fully developed (APHA/AAP, 1992; Aronson, 1987; Donowitz, 1991). The foundations of healthy emotional development are constructed during infancy and are fostered by strong, trusting relationships that may be harmed by repeated changes in caregivers (Belsky, 1988; Bretherton, 1985; Howes, Rodning, Galluzzo & Meyer, 1988). Infant/toddler child care is neither babysitting nor preschool. Providing services with a whole baby approach requires special caregiver knowledge, skills and practices that reflect the unique needs of children in the first three years of life.

Third among the key concepts is "comprehensive services". Comprehensive services are provided across service categories rather than within one category. Service providers work together toward a common goal of meeting the needs of the infant and his/her family. Services vary depending on the individual baby and family, and may require a number of preventive, treatment and support services in conjunction with child care. Ideally, the system ensures that all services needed are received and are coordinated, accessible and affordable, particularly for low income and economically disadvantaged families striving to reach self-

sufficiency (Greenberg, 1991, Levin-Epstein, 1991).

"Medical home" the fourth key concept, is a health care source that offers regular and consistent primary and preventive health care. It assures continuity of health care for the child and family where health care needs are coordinated by a primary health care provider. It is through the medical home that both family and child care/or Head Start providers are given information that will help them promote optimal health and safety for the child at home and in the child care/or Head Start program.

The fifth and last key concept is "quality early childhood services", and describes the features of high quality child care programs. High quality programs offer health, mental health, social development and support, nutrition and education services. They engage families as the primary caregivers who must be involved in every aspect of their infant/toddlers' daily care. Head Start, Migrant Head Start programs and Parent-Child Centers, when functioning at their best, provide models for quality early childhood services for infant/toddler child care. Over the last twenty years, research on early intervention programs (Gamble & Zigler, 1988; Lazar, 1982; Lally & Mangione, 1991), large national studies (Ruopp, 1979) and a host of more recent studies (Clarke-Stewart & Fein, 1983; Phillips, 1989) provide a rich base of knowledge about the features and essential practices of high quality child care to guide child care practice.

The audience at the Forum was small (320 participants). The majority were invited because of their direct involvement or interest in state policymaking practices affecting child care and Head Start services. Given some background in child care, it was hypothesized that we might not see a great difference on pre-post test measures of knowledge. However, it was anticipated that participants might leave the Forum with new ideas about how to overcome barriers created by state budget constraints and entrenched bureaucratic structures that can seem impenetrable to those committed to improving infant/toddler child care in their state. We hypothesize that such gains would be evidenced on the practice items.

## **Methodology**

### Subjects

A sample of 100 participants, randomly selected from the total (N = 320) potential pool of participants were asked to complete pre-test and post-test questionnaires. The pre-test questionnaire was completed prior to attending the Technical Assistance Forum; the post-test questionnaire was sent one month after the Forum and all were returned within three months. Out of the 100 questionnaires, 61 individuals completed the pre-test and 58 completed both pre- and post-test questionnaires. All results are based upon these 58.

### Instruments and analytical procedures

The questionnaires contained demographic information regarding the state represented by the respondent, his/her position within the state or organization, the type of agency (public or private) and the type of services provided by the agency/organization (mental health, health, Head Start, child care, early intervention, or "other"). (See Figures 2-10 for demographic displays).

A five point Likert-like scale was used for the knowledge questions (i.e., strongly agree, agree, undecided, disagree, strongly disagree). For example, to pre-test knowledge on the key concept "comprehensive service" and content area " financing," participants were asked to rate their belief that: "Disadvantaged families often have multiple service needs and find it difficult to navigate the rules and requirements of categorical programs that fund family/child support services."

A yes/no format was used for the practice questions. The following is an example of a pre-test question: "Does your state have a clear definition for 'environmentally at-risk' and are infants fitting that description eligible for the full range of health screening, medical supervision and early intervention services?" On the post-test, practice items started with one of the following leads: "Do you or are you planning to....?"; "Are you planning to strengthen....?"; or, "Have you gained knowledge about how your state could implement...?" It was unrealistic to expect

that the state child care policies or the state's policymaking process would change within 4 months of the Forum. Consequently, post-test practice questions were designed to measure whether information gained at the Forum changed participant commitment to planning for improvements in state policymaking.

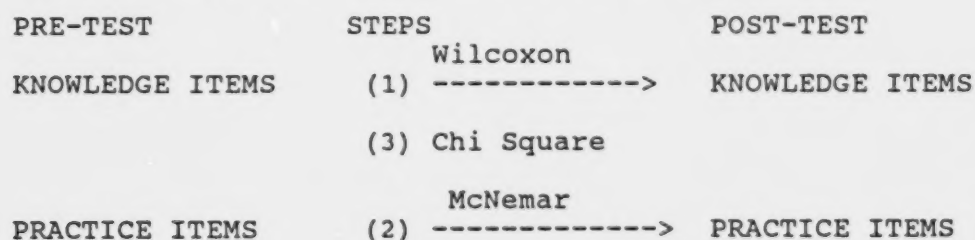
Each knowledge question was paired with one question relating to state practice. For example, the practice question related to the knowledge example given above was "Does your state have a mechanism for identifying and changing conflicting regulations, and eligibility standards for child care, health and other low income family support programs?" The following example demonstrates how knowledge and practice questions were paired on the post-test. A participant knowledge question that addressed the key concept "family-centered services" and the content area "quality assurance" was: "It is more cost effective for the state to build in continuity of care for the child whose parent is moving off welfare and into training and/or the work force." The related post-test practice question was: "Do or are you planning to assure funding mechanisms for child care that are flexible so that the infant has continuity of child care even as the parent moves from one source of support to another?" The questions and order of questions did not change on the post-test.

The results were analyzed using the Statistical Package for Social Sciences (SPSSPC version 4.0). Because the data were on both

nominal and ordinal levels, nonparametric tests were selected to analyze the data. The Wilcoxon Z test was selected as the statistic of choice for analyzing ordinal or rank order data. All items on knowledge in the questionnaire were rank order variables. The McNemar test was most appropriate for use on dichotomous variables and all the items on practice were dichotomous variables.

A preliminary test of congruence between paired knowledge and practice items was also conducted. This was accomplished by testing for potential interactions between knowledge and practice items using the analytical model diagrammed in Schematic 1. The first step was to test for significant changes on the knowledge (Wilcoxon Z) and practice (McNemar test) items. The second step used the Chi Square Test to identify any potential interactions among the knowledge and practice items that reached significance. The analysis was preliminary given the problems associated with testing interactions with dichotomous and ordinal data. However, we wanted to highlight areas where technical assistance might be most needed to improve the quality of infant/toddler child care and Head Start services.

Schematic 1: Diagram to test for possible interactions



## Results and Discussion

### Description of the Sample

Forty-five states were represented at the Technical Assistance Forum. Thirty-seven states and the District of Columbia were represented in the sample. Some participants were from the Federal Government. States were grouped into four regions of the country for descriptive purposes (Figure 2).

Three categories further helped to describe the sample. The first category was the role played by the individual in state policymaking. Seven percent of the participants were child care licensing administrators, 35% were state policy administrators and 14% were state policy professional staff (state or local government child care agency staff), and 5% were federal officials. The remaining 40% were not directly employed by a government agency. The second category divided the sample by affiliation with either public or private agencies. Seventy-two percent were from public agencies and 28% worked in private agencies. And, the third category identified the type of agencies or organizations represented individuals in the sample. The majority, 72%, represented either child care services (55%) or Head Start services (17%). Of the non-child care services represented in the sample, 2% represented mental health services, 2% health services, and 12% early intervention. The remaining 12% of sample participants did not specify one of the above categories (Figures 3 and 4).

### Pre-Post Test Results

Table 1 gives the percentages of agreement or disagreement with each item on the pre- and post-test questionnaires. The discussion of results is restricted to the knowledge and practice items that significantly changed before and after the Forum. All significant responses were in a positive direction with participants agreeing more on the knowledge items and/or changing from a "no" to a "yes" response on the practice questions. The test of congruence is presented last.

#### **Knowledge of state policies that affect infant/toddler child care and Head Start services:**

It was hypothesized that participants would not make significant gains in knowledge on items representing key concepts (family-centered services, the whole baby approach, comprehensive services, medical home and quality early childhood services) and basic content areas (financing, quality assurance, best practice). For this sample, the hypothesis proved true (see Table 1, high agreement scores on most items). There were only three out of the eighteen knowledge items that reached significance and one that neared significance (Table 1, all knowledge items demonstrating generally high agreement and significant changes).

Pre- and post-test results differed at  $p < .03$  ( $z = -2.190$ ) on the statement regarding the multiple service needs of disadvantaged families and the difficulties they have navigating the rules and

requirements of programs intended to support them. The Forum strengthened participant belief in the importance of this problem (pre-test 51% strongly agreed, 42% agreed, 4% disagreed, 4% strongly disagreed; post-test 70% strongly agreed, 26% agreed, 4% disagreed).

----- table 1 about here -----

The statement that "categorical service systems result in unnecessary bureaucratic and administrative inefficiency" elicited fewer disagreements (pre-test = 25% while post-test = 8% disagreed) and more who believed this to be true (pre-test 50% agreed, 25% strongly agreed; post-test 54% agreed, 38% strongly agreed). The difference reached significance ( $z=-1.883$ ,  $p<.05$ ).

There were no disagreements with the statement that "infants who are biologically and/or environmentally at risk require multiple services tailored to the needs of the individual infant and family" (pre-test 41% agreed, 59% strongly agreed; post-test 24% agreed, 76% strongly agreed). After the Forum, however, the strength of agreement increased significantly ( $z=-2.198$ ,  $p<.03$ ). There was strong agreement both in the pre- and post-test on the two other items that dealt with interagency/cross system linkages that targeted babies and their families as beneficiaries.

One item linked knowledge about what is best for babies with the problem of staff turnover. It asked whether "developing a strong trusting relationship with the child care provider is important to socio-emotional development and is jeopardized by current high staff turnover (40-60%) in child care services" only 2% disagreed on the pre-test. There was, however, a near significant change in the strength of agreement (pre-test 61% strongly agreed, 37% agreed, 2% disagreed; post-test 75% strongly agreed, 25% agreed;  $z=-1.912$ ,  $p<.06$ ).

The responses indicated a high level of knowledge of the benefits of linkages between specific service systems, e.g., health, mental health, early intervention ( $r=98$  to 100% agree to strongly agree) as well as to financing comprehensive infant/toddler child care and Head Start by blending funding streams. Similarly, there was strong commitment to improving the quality of infant/toddler child care and Head Start services through involving parents in monitoring, getting information about quality child care so that parents can make informed choices for their infants/toddlers, increasing training, salaries and benefits for child care providers, and using the provider as a source of information about services available to the families they serve.

**State policy practices to implement knowledge about quality infant/toddler child care and Head Start services:**

As predicted, information on best practices and strategies for

their implementation presented by expert speakers and shared among participants had more of an impact on respondent thinking than the knowledge items. In fact, there were 14 of the 22 practice questions that reached significance. (Table 2, significant findings on practice items)

----- table 2 about here -----

The number of respondents who changed from "no" (i.e., not part of state policymaking or plans) to "yes" (will work for or plan for changes in state policy practices) on practice items associated with the first two knowledge items reported above were highly significant. Respondents changed their answers on the post-test regarding plans "to strengthen or develop a mechanism for identifying and changing conflicting regulations, eligibility standards and funding mechanisms for child care, health and other low income family support programs" (pre-test 65% yes, 35% no; post-test 95% yes, 5% no;  $n=30$ ,  $p<.008$ ).

The second knowledge item that reached significance dealt with bureaucratic and administrative inefficiencies that result from categorical service delivery systems. The related practice item asked whether they planned "to strengthen interagency planning and the sharing of resources among health, child care, early

intervention and other social service systems" (pre-test 69% yes, 31% no; post-test 98% yes, 2% no;  $n=48$ ,  $p<.0002$ ). Both of these knowledge and practice items addressed changing state policymaking processes through increased cross-system, interagency planning. The first identified the need for attention to the effects of conflicting regulations, eligibility criteria for services and funding mechanisms (how services are paid for), while the second spoke of the need for sharing resources -- i.e., blending funds that flow through different agencies or divisions within agencies.

When the practice item focused the need to assure greater continuity of care for babies, results indicated a strong commitment to changing state practice among agencies funding child care (i.e., agencies administering child care funded under the Family Support Act, the At-Risk Child Care Program, the Child Care and Development Block Grant and the Social Services Block Grant). The question asked whether they were "planning to assure funding mechanisms for child care that are flexible so that the infant/toddler has continuity of child care even as the parent moves from one source of support to another" (pre-test 54% yes, 46% no; post-test 93% yes, 7% no;  $n=35$ ,  $p<.001$ ).

The knowledge statement on multiple service needs of biologically and environmentally at-risk infants and toddlers was paired with a very specific practice question on whether the state would include "environmental risk" as criteria of eligibility for

the "full range of health screening, medical supervision and early intervention services" moved in a positive direction but did not reach significance (pre-test 25% yes, 75% no; post-test 62% yes, 38% no). However, when the target population was expressed generally as "all infants/toddlers who are eligible for Medicaid and EPSDT services receive such services as well as medical follow-up". There was a highly significant change of opinion regarding the state's ability to meet the need (pre-test 44% yes, 57% no; post-test 94% yes, 6% no;  $n=48$ ,  $p<.0001$ ). So, while respondents were not able to commit themselves to extending the population eligible for Medicaid and EPSDT services to the broader population of "environmentally at-risk" infants and toddlers, they affirmed the need to serve the child care population that met the state's definition of eligibility.

Respondents left the Forum with a stronger commitment to creating linkages between the health and child care systems. Asked whether they were planning to "develop and strengthen (their) state's mechanism for interagency planning and allocation of resources needed to link the health and child care systems", the differences were significant (pre-test 43% yes, 57% no; post-test 86% yes, 14% no;  $n=33$ ,  $p<.02$ ).

Strengthening the child care provider training system and using the child care system as a vehicle for disseminating health and safety information to parents elicited pre- and post Forum

responses that were highly significant (pretest 53% yes, 47% no; post-test 96% yes, 4% no;  $n=46$ ,  $p<.00001$ ). Asked whether they were "planning to develop a child care curriculum and training delivery system to disseminate health and safety information and provide training in health and safety to child care workers", the pre-post- test comparison was highly significant (pre-test 35% yes, 66% no; post-test 91% yes, 9% no;  $n=36$ ,  $p<.00001$ ).

Several practice items addressed parent involvement. Disseminating health and safety information to parents had been reported. One item, however, asked whether states should require that "parents be involved in determining the type and quality of services needed for their child" (pre-test 80% yes, 20% no; post-test 94% yes, 6% no;  $n=44$ ,  $p<.04$ ). Respondent commitment to strengthening mechanisms (like a statewide resource and referral agency system) to "collect and disseminate information to parents about available child care and how to gauge the quality of child care" was also reinforced (pre-test 68% yes, 32% no; post-test 92% yes, 8% no;  $n=45$ ,  $p<.02$ ).

Interestingly, when a highly specific strategy was proposed that would require cross agency, interagency planning at the state and local levels so that "low income infants and their families have one case manager who helps the families locate and coordinate the services needed," the post-test response indicated less agreement (pre-test 93% yes, 7% no; post-test 58% yes, 42% no,

n=19,  $p<.04$ ). It may be that the question did not adequately reflect the message of the Forum. A more representative question would have asked about "one stop shopping" as a strategy for simplifying the service delivery system. One case manager coordinating many different services may be less realistic than having case managers for specific services in one place where both the families and child care providers can get information about available services.

Planning to improve child care quality through stronger regulations on infant/toddler program staff-child ratios and group sizes and by allocating funds to improve caregiver salaries, benefits and training indicated a positive change from pre- to post-test. Staff-child ratio was set at 1 adult to 3 infants because most states regulate ratios so the highest standard was used. The group size, however, was left at a baseline of 12 for infant/toddler programs because many states still do not regulate group size and this was a number that could be reasonably expected for all states (pre-test 17% yes, 83% no; post-test 39% yes, 61% no;  $n=28$ ,  $p<.02$ ). Unfortunately, a high percentage of respondents remained doubtful that such changes could be made through the regulatory process.

Respondents were asked if they were "planning to strengthen (their) state CCDBG Plan allocation of funds to salary, benefit improvement and increased training opportunities" (pre-test 65%

yes, 35% no; post-test 90% yes, 10% no;  $n=23$ ,  $p<.03$ ). With so many demands on limited funds for quality improvements specified in federal interim regulations on state CCDBG funds, it was rewarding to see that the majority of respondents felt strongly about reserving funds to improve the quality of life for caregivers.

Two general questions were asked regarding the effectiveness of the Forum in generating new ideas or strengthening plans outlined in state CCDBG plans. The first addressed strategies for "maintaining current funds for child care quality as well as (extracting) the maximum from the Child Care and Development Block Grant to address issues of quality" (pre-test 6% yes, 94% no; post-test 84% yes, 16% no;  $n=28$ ,  $p<.00001$ ). The second asked whether they left the Forum with new ideas on developing "strategies in your state for (building) an adequate supply of high quality child care for infants and toddlers" (pre-test 4% yes, 96% no; post-test 74% yes, 26% no;  $n=45$ ,  $p<.00001$ ).

**Interactions between knowledge and practice - Where technical assistance might have most impact in changing state-level policy practice to improve infant and toddler child care:**

This third level of analysis allowed us to identify the kinds of training and technical assistance interventions could build on the knowledge and practices gained from the Forum for increasing the supply and improving the quality of infant/toddler child care and Head Start services. Based on the number of pre- to post-test

changes that reached significance, we decided it would benefit the field to run a preliminary test for interactions despite the limitations in working with dichotomous and ordinal data.

There were six interactions that represented knowledge and practices policymakers might use to make changes in their early childhood/child care delivery systems. They were:

1. Identify and change conflicting regulations, eligibility, standards and funding mechanisms for the state's child care system.
2. Strengthening interagency planning and the sharing of resources among health, child care, early intervention and other social services.
3. Reallocate funds to improve the quality of the child care system.
4. Disseminate information to parents about available child care and about judging the quality of care.
5. Implement a training system to disseminate health and safety information and provide training to child care providers.
6. Implement interagency planning among state administrators with the goal of assuring that all children in child care are immunized, have health supervision, are cared for by adults who are trained in basic health and safety protections and health services resources.

## **Conclusions and Recommendations**

The sample was well informed regarding the key concepts and basic content areas around which the Forum was organized. The pre-test showed that translating knowledge into state policymaking practice posed more complex problems for respondents.

### **State practices that help build a "seamless system" of services:**

Participants left the Forum with a better understanding of the relationship between state agency structure and administrative practices and problems faced by families with multiple service needs. The effects were strongest when respondents were invited to look through the eyes of the families of infants and toddlers in child care who must fight their way through the rules and regulations of different service or social support agencies in order to provide for their child. Technical assistance briefing materials might be most effective when case examples are used that help state administrators view problems through the eyes of service providers (e.g., caregivers), the babies and families who need these services.

### **Increasing the efficiency and effectiveness of state service delivery systems through interagency planning and collaboration:**

Respondents indicated a stronger commitment to strengthening interagency planning and the sharing of resources among health, early intervention, child care and other social services. The priority given to identifying and changing conflicting regulations,

eligibility standards and funding mechanisms across service systems was particularly interesting and hopeful because coordination at the state level would greatly facilitate the work of local practitioners and agency administrators who know too well the problems of weaving a comprehensive service delivery system for families with multiple needs.

Again, case examples that offer the service recipients view of the barriers that limit the potential success of state administered programs might increase the effectiveness of technical assistance. State administrators, however, also need models of how other states have achieved these goals. Cost effectiveness data are also needed to demonstrate that the efforts put into breaking through bureaucratic walls is worth the financial and human resources that must be expended at the front end to institutionalize interagency working agreements.

**Promoting the health and safety of infants and toddlers in child care through state-level linkages between health and child care services administrators:**

The need to develop cross-system linkages, particularly between the health and child care systems, was strongly affirmed in the study. Sharing resources in order to disseminate health and safety information to families and caregivers and implementing a health and safety training curriculum for caregivers were two strategies that were most likely to be put into practice.

Interagency planning among state administrators with the goal of assuring that all children in child care are immunized, have health supervision, and are cared for by adults who are trained to practice high standards of health and safety for infants and toddlers were strongly affirmed in the post-test.

State administrators need technical assistance materials that demonstrate how they can adapt models developed in other states to their state's needs and resources. Excellent models include the Pennsylvania Early Childhood Education Linkage project (ECELS, Aronson & Fiene, 1990), Pennsylvania's early childhood/child care training system model (Fiene, 1992) and the Delaware State Child Care Training Plan (Koch, 1991, unpublished state document).

Technical assistance is needed to tailor recommendations for improving the health and safety of infants and toddlers in child care drawn from the comprehensive health and safety guidelines published by the American Public Health Association and the American Academy of Pediatrics, entitled: Caring for our children, national health and safety performance standards: Guidelines for out-of-home child care programs (1992). Federal leadership and financing initiatives are needed in order for states to reach all children currently eligible for Medicaid and EPSDT preventive and ongoing health services and to expand the definition to include children "at environmental risk" of developmental delays.

For states that have no statewide child care training plan (and most do not), a coordinated effort to create health and safety training for all child care providers would be an important first step. Pennsylvania is developing a model other states could replicate (see Fiene, 1992 -- "Pennsylvania's early childhood/child care training system model," paper presented at the first meeting of the National Institute for Early Childhood Professional Development).

**Implementing state policies that reflect knowledge about what is best for infants and toddlers in child care:**

Making the connection between essential practices for infants and toddlers, such as continuity of care which preserves the relationship between child care caregiver, and state policy making was a particularly important objective of the Forum. One example of where this occurred was in the increased agreement that the various child care subsidies (or funding mechanisms) must be made flexible so that, for example, a parent moving off welfare can keep his/her present child care arrangement regardless of his/her eligibility for child care subsidy.

The state's role in assuring continuity of care for the infant or toddler, however, is a multi-level problem. High staff turnover rates that plague the entire child care system are a major barrier. Addressing that problem, respondents indicated a stronger commitment to allocating Child Care and Child Development Block

Grant and Head Start funds for improving caregiver salaries and benefits.

Strengthening the state's caregiver training system and improving regulations on staff-child ratios and group size for infants and toddlers were other practices eliciting more affirmative responses after the Forum. Caregivers need training in understanding the importance of relationships with infants/toddlers and their families. Their conviction regarding the preciousness of such relationships may make them stronger advocates for building a child care system that assures continuity. It is also essential that caregivers have the time and energy to focus on the individual infant/toddler and family. Low staff-child ratios and small group sizes allow this to happen.

Technical assistance is needed that strengthens state administrator knowledge about the importance of continuity of caregiving relationships for healthy infant/toddler emotional development as well as for protecting the supportive relationship that can develop between caregivers and families. Concrete examples are needed of how child care regulations, the various child care funding subsidies and problems in the child care system contribute to the exposure of infants and toddlers to multiple caregivers.

There was uniform agreement that parents should have access to their child care program at all times and that greater efforts must

be made to inform families so that they can assess the quality of child care. In this way, 'parental choice' could be reclaimed as a phrase that means 'informed choice' based on public information on quality and availability of child care offered by health services, child care resource and referral programs or family resource centers.

To summarize, the study suggests several areas where technical assistance offered through similar forums or by national organizations could help to sustain progress towards change:

- o Building state-level linkages between health, early intervention and child care service systems.
- o Cross agency collaboration between state health and child care administrative offices on developing a statewide caregiver training curriculum and delivery system that makes health and safety training available to all caregivers.
- o State efforts to include parents and local provider groups in planning for child care quality improvements.
- o State administrator efforts to improve state regulations with regard to health and safety requirements, as well as staff-child ratio and group size.

The Technical Assistance Forum was designed to offer a place where state policymakers, local administrators, advocates and practitioners could both hear from experts in the field and exchange information. The study indicated that the strength of a

Forum such as this is in generating ideas and strategies for overcoming the barriers of bureaucracy, tight state budgets and categorical funding streams. The recommendations for technical assistance are based on the results of the study and reflect the respondents' commitment to realizing state policymaking changes that can be undertaken by state agency administrators. The four month interval between the Forum and the post-test does not provide an adequate measure of whether changes in state policy practices are actually implemented. That would require at minimum a one year follow-up study.

## REFERENCES

- Aronson, S. & Fiene, R. (1990). Early childhood education linkage system's first year report. Bryn Mawr: Pennsylvania Chapter of the American Academy of Pediatrics.
- Beck, R. (1982). Beyond the stalemate in child care public policy. in E. Zigler & E. Gordon. (Eds.) Day care: Scientific and policy issues. Boston, MA: Auburn House Publishing Co.
- Adams, (1991). Who knows how safe? Washington, D.C.: Children's Defense Fund.
- Bredenkamp, S. (1987, Ed.). Developmentally appropriate practice in early childhood programs from birth through age 8, expanded edition. Washington D.C.: National Association for the Education of Young Children.
- Fiene, R. (1992). Pennsylvania's early childhood/child care training system model. paper presented at the first annual meeting of the National Institute for Early Childhood Professional Development, Los Angeles, California.
- Granger, R. & Marx, E. (1990). The policy implications of compensation and working conditions in three publicly funded early childhood systems. Early Childhood Research Quarterly. 5 (2), pp 181-198.
- Pizzo, P. (1989). Whole babies, pieces of funds. Zero to Three. 10 (3).
- Roupp, R., Travers, J., Glantz, F., & Coelen, C. (1979). Children at the center: Summary of findings and their implications. Cambridge, MA: Abt Books.
- Sugarman, J. (1991). Building early childhood systems: A resource handbook. Washington D.C.: Child Welfare League of America.
- Nelson, J. (1982). The politics of federal day care regulation. in E. Zigler & E. Gordon. (Eds.). Day care: Scientific and policy issues. Boston, MA: Auburn House Publishing Co.
- Phillips, D., Lande, L. & Goldberg, M. (1990). The state of child care regulation: A comparative analysis. Early Childhood Research Quarterly. 5 (2), pp
- Zigler, E. & Goodman, J. (1982). The battle for day care in America: A view from the trenches. in E. Zigler & E. Gordon. (Eds.). Day care: Scientific and policy issues. Boston, MA: Auburn House Publishing

TABLE 1--PRE- AND POST-TEST COMPARISONS OF KNOWLEDGE ITEMS

| ITEMS* | SA   |      | A   |      | D   |      | SD  |      | LEVEL OF<br>SIGNIFICANCE*** |
|--------|------|------|-----|------|-----|------|-----|------|-----------------------------|
|        | PRE  | POST | PRE | POST | PRE | POST | PRE | POST |                             |
| 1      | 51** | 70   | 42  | 26   | 4   | 4    | 4   | 0    | -2.1898                     |
| 3      | 26   | 39   | 68  | 59   | 6   | 2    | 0   | 0    | N.S.****                    |
| 5      | 82   | 76   | 18  | 24   | 0   | 0    | 0   | 0    | N.S.                        |
| 7      | 25   | 38   | 50  | 54   | 25  | 8    | 0   | 0    | -1.8833                     |
| 9      | 83   | 75   | 17  | 25   | 0   | 0    | 0   | 0    | N.S.                        |
| 11     | 59   | 76   | 41  | 24   | 0   | 0    | 0   | 0    | -2.1976                     |
| 13     | 49   | 57   | 49  | 43   | 2   | 0    | 0   | 0    | N.S.                        |
| 15     | 27   | 38   | 70  | 54   | 3   | 8    | 0   | 0    | N.S.                        |
| 17     | 61   | 75   | 37  | 25   | 2   | 0    | 0   | 0    | -1.9115                     |
| 19     | 74   | 74   | 24  | 26   | 2   | 0    | 0   | 0    | N.S.                        |
| 21     | 71   | 64   | 28  | 36   | 2   | 0    | 0   | 0    | N.S.                        |
| 23     | 61   | 69   | 36  | 31   | 4   | 0    | 0   | 0    | N.S.                        |
| 25     | 85   | 88   | 15  | 12   | 0   | 0    | 0   | 0    | N.S.                        |
| 27     | 78   | 86   | 22  | 14   | 0   | 0    | 0   | 0    | N.S.                        |
| 29     | 0    | 3    | 7   | 8    | 58  | 55   | 35  | 34   | N.S.                        |
| 31     | 49   | 50   | 49  | 46   | 2   | 2    | 0   | 2    | N.S.                        |
| 33     | 65   | 72   | 33  | 28   | 2   | 0    | 0   | 0    | N.S.                        |
| 35     | 28   | 33   | 71  | 67   | 2   | 0    | 0   | 0    | N.S.                        |
| 37     | 51   | 61   | 49  | 39   | 0   | 0    | 0   | 0    | N.S.                        |

\* SEE NARRATIVE FOR EXPLANATION OF EACH ITEM

\*\* ALL FIGURES ARE EXPRESSED AS PERCENTAGES

\*\*\* LEVEL OF SIGNIFICANCE IS THE WILCOXON Z STATISTIC (P<.05)

\*\*\*\* N.S. = NOT SIGNIFICANT

SA = STRONGLY AGREE

A = AGREE

D = DISAGREE

SD = STRONGLY DISAGREE

- 1 Disadvantaged families often have multiple service needs and find it difficult to navigate the rules and requirements of categorical programs that fund family/child support services.
- 3 Publicly funded health and mental health service professionals should be required to communicate with the infant's child care provider either directly or through a care manager.
- 5 It is more cost-effective to subsidize preventive health care, immunizations and ongoing medical supervision to all low income infants in child care than waiting until the child enters school.
- 7 Categorical service systems result in unnecessary bureaucratic and administrative inefficiency.
- 9 The trained child care provider can play an important role in communicating child health and safety, resource and service information to parents.
- 11 Infants who are biologically and/or environmentally at-risk require multiple services tailored to the needs of the individual infant and family.
- 13 When state agencies work together to blend funding streams and minimize program differences in eligibility that affects both the delivery of needed services and the transition from one service program to another, services can be tailored to the individual needs of the infant and family.
- 15 Linking the child care system to the health care system so that all infants and toddlers in child care have access to medical supervision can be accomplished through the use of the Child Care and Development Block Grant (CCDBG), Title IV-A (IV-A) At-Risk Child Care, Title V Block Grant, Early Intervention, Title XX Social Services, and Medicaid funds.
- 17 Developing a strong, trusting relationship with the child care provider is important to healthy socio-emotional development and is jeopardized by current high staff turnover (40-50%) in child care services?
- 19 The problems of the child cannot be addressed without knowledge and involvement of the family.
- 21 It is more effective for the state to build in continuity of care for the child whose parent is moving off AFDC and into training and/or the work force.
- 23 Parent involvement is critical to quality assurance in infant/toddler child care and should be included as a component of the state's child care monitoring system.
- 25 Improving the salaries, benefits and providing increased training opportunities are critical to maintaining a stable, qualified child care work force.
- 27 Staff to child ratios and group size are particularly important to regulate in all forms of child care for infants and toddlers who need careful and loving attention as a foundation for social, emotional and cognitive development.
- 29 The seven funding streams that can be tapped to improve the quality of the state's child care system for infants and toddlers are sufficiently funded to improve quality.
- 31 Some parents choose poor child care situations because they do not know what else is available, or have no other options.
- 33 Prevention and management of infectious disease in infant/toddler care depends on the caregiver's knowledge of health issues related to child care and adherence to basic sanitation practices.
- 35 The health consultant/health advocate role is a cost effective measure that can be used to decrease the risk of infectious disease for infants and toddlers in child care programs.
- 37 The increased risk of infectious disease for infants and toddlers in child care suggests an intense need for immunization and ongoing health supervision.

| Table 2: Differences in plans for immediate or future change in state infant/toddler child care or Head Start practices         |                 |           |                   |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------|-------------------|
| PRACTICE QUESTIONS                                                                                                              | PRE-TEST        | POST-TEST | P<                |
| strengthen/develop mechanism change regulations, eligibility, funding of family support services                                | 65 <sub>1</sub> | 95        | .008 <sub>2</sub> |
| all eligible infant /toddler in child care get EPSDT & medical follow-up services                                               | 44              | 94        | .0001             |
| interagency planning & resource sharing regarding: health, child care, early intervention & necessary social services           | 69              | 98        | .0002             |
| strengthen child care training system and information/resources regarding: health & safety for caregivers & to give to families | 53              | 96        | .00001            |
| provide low income infants /families with 1 case manager to locate /coordinate services                                         | 93              | 58        | .04               |
| develop/strengthen state mechanism for interagency linkages child care & health                                                 | 80              | 94        | .04               |
| plan to require parents be involved in determining type & quality services needed for their child                               | 80              | 94        | .04               |
| plan flexible funding for child care to assure continuity of child care when family source of child care support changes        | 54              | 93        | .001              |
| strengthen CCDBG Plan regarding: salary, benefits & training of caregivers                                                      | 65              | 90        | .03               |
| strengthen child care regulations regarding: maximum staff-child 1 x 3 & maximum group size 12 infant/toddlers                  | 17              | 39        | .02               |
| new ideas for funding and maximizing CCDBG funds for improving child care quality                                               | 06              | 84        | .00001            |
| new ideas regarding strategies for increasing supply of high quality infant/toddler child care                                  | 04              | 74        | .0001             |
| plans regarding: system to get information on availability & indicators of quality infant/toddler child care                    | 68              | 92        | .02               |
| plans regarding: state caregiver health & safety training curriculum & delivery system                                          | 35              | 91        | .00001            |

1 Percentage of sample affirming the statement

2 McNemar test for dichotomous data

# ORGANIZING PRINCIPLE FOR TECHNICAL ASSISTANCE FORUM -- KEY CONCEPT AND CONTENT AREAS

| CONTENT AREAS                    |                        |               |                        |
|----------------------------------|------------------------|---------------|------------------------|
| KEY CONCEPTS                     | I. ESSENTIAL PRACTICES | II. FINANCING | III. QUALITY ASSURANCE |
| FAMILY CENTERED SERVICES         |                        |               |                        |
| WHOLE BABY APPROACH              |                        |               |                        |
| COMPREHENSIVE SERVICES           |                        |               |                        |
| MEDICAL HOME                     |                        |               |                        |
| QUALITY EARLY CHILDHOOD SERVICES |                        |               |                        |

Questions addressed prior knowledge (pre-test) and what was learned through conference attendance and participation (post-test) and practice --- what they are presently (pre-test) and what they plan to do in the future, have changed doing because of the conference participation or have new ideas about (post test).

Some examples follow from the QUALITY ASSURANCE AND FAMILY CENTERED SERVICES cell.

- A. Parent involvement is critical to quality assurance in infant/toddler child care and should be included as a component of the state's child care monitoring system.
- B. Do parents in your state have guaranteed access to their child's child care home or center at any time in the day?

# US Regions

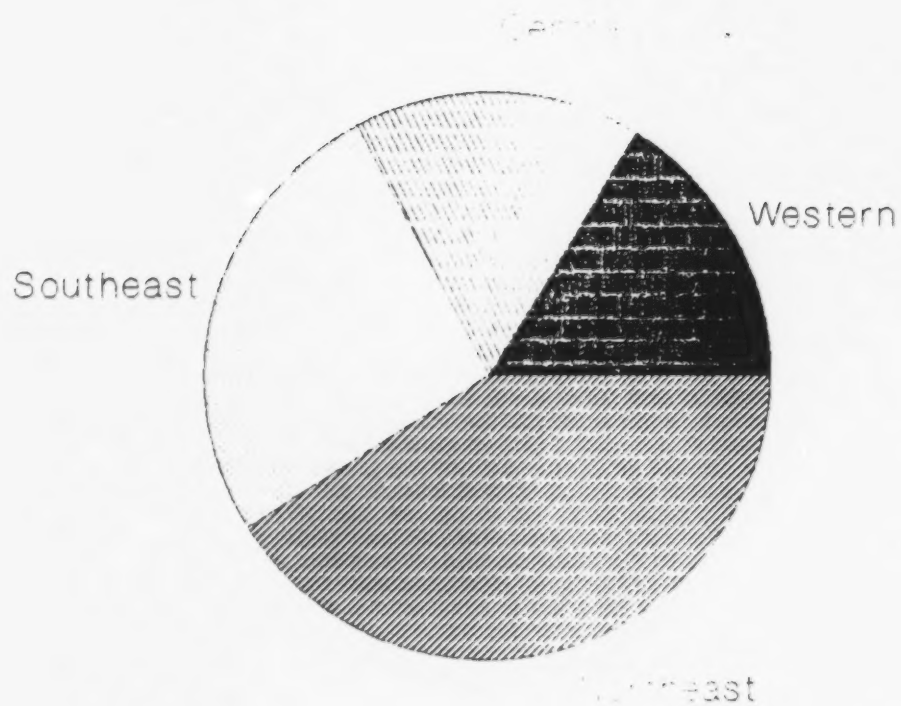


Figure 2

# PARTICIPANT TITLES

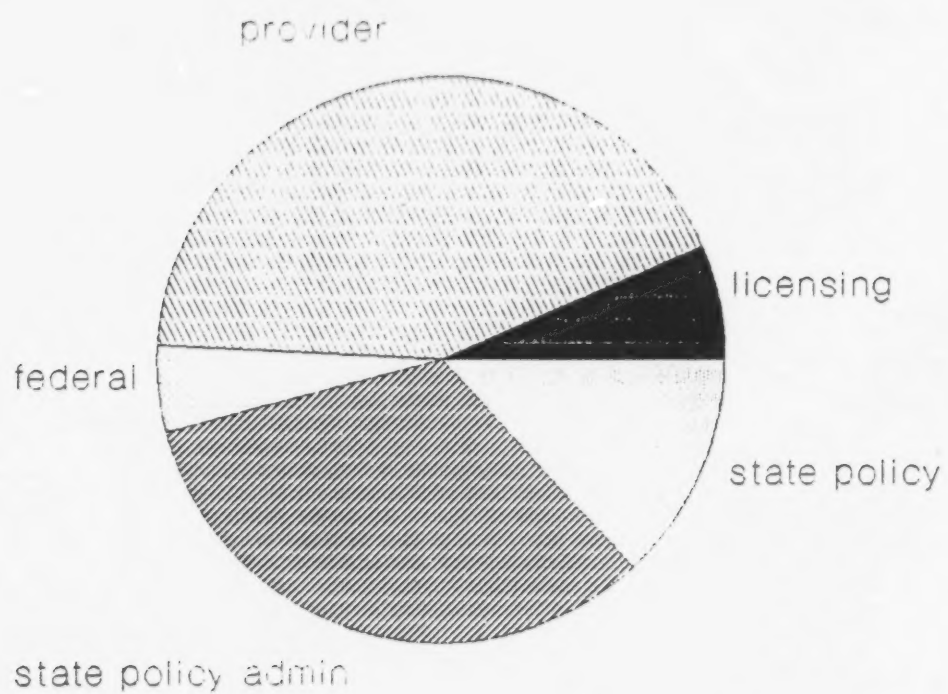


Figure 3

# SERVICE

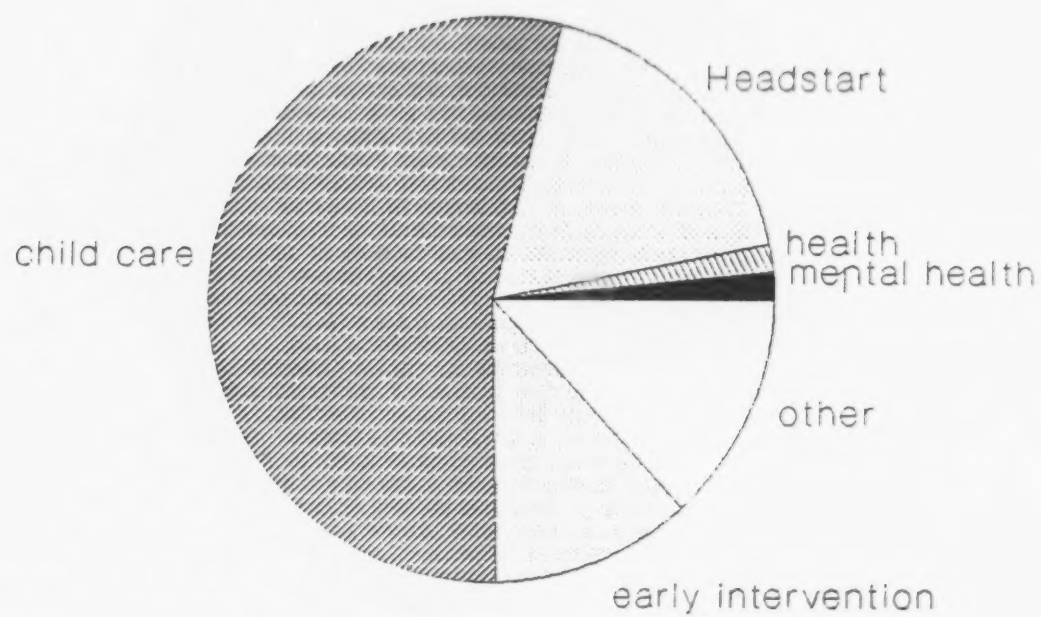
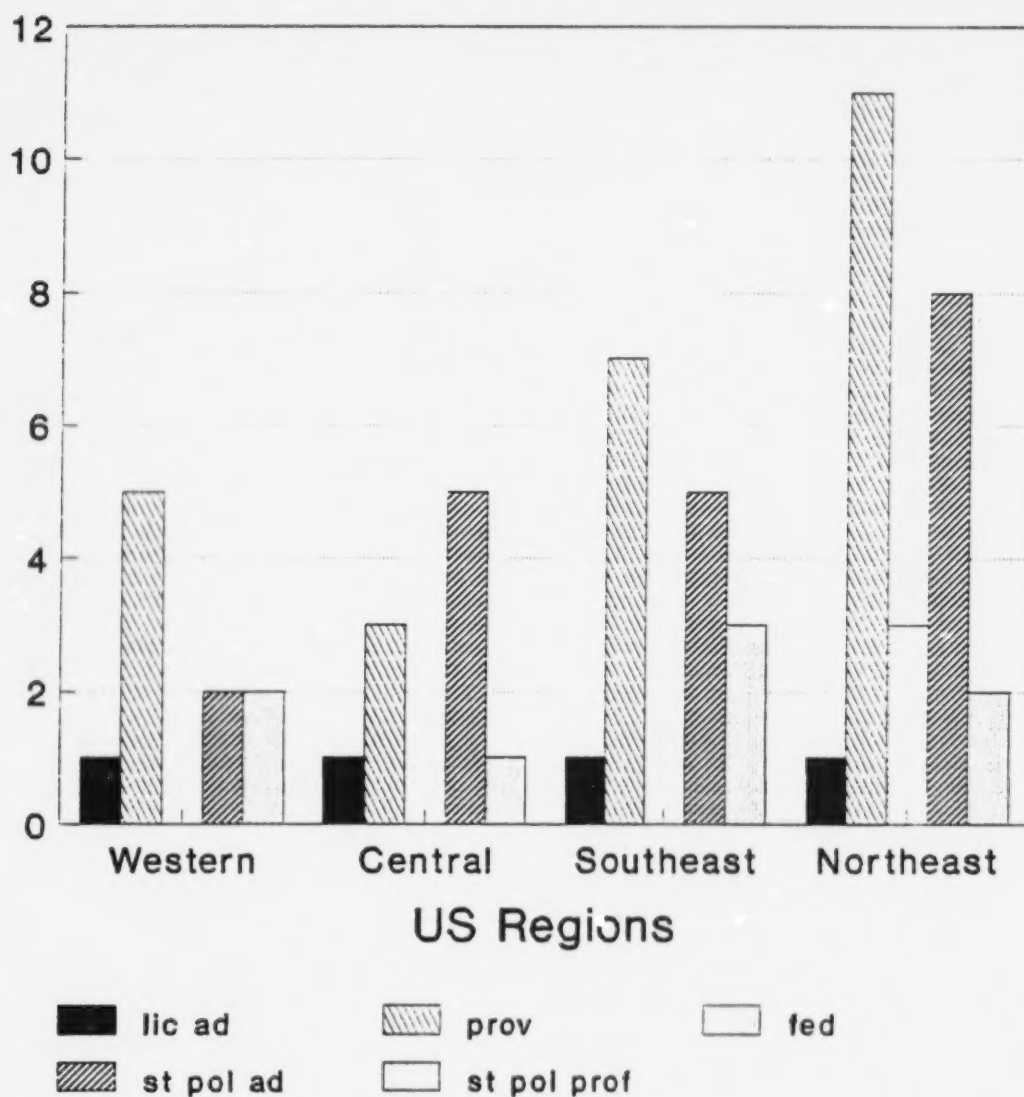


Figure 4

# US REGIONS PARTICIPANT POSITIONS

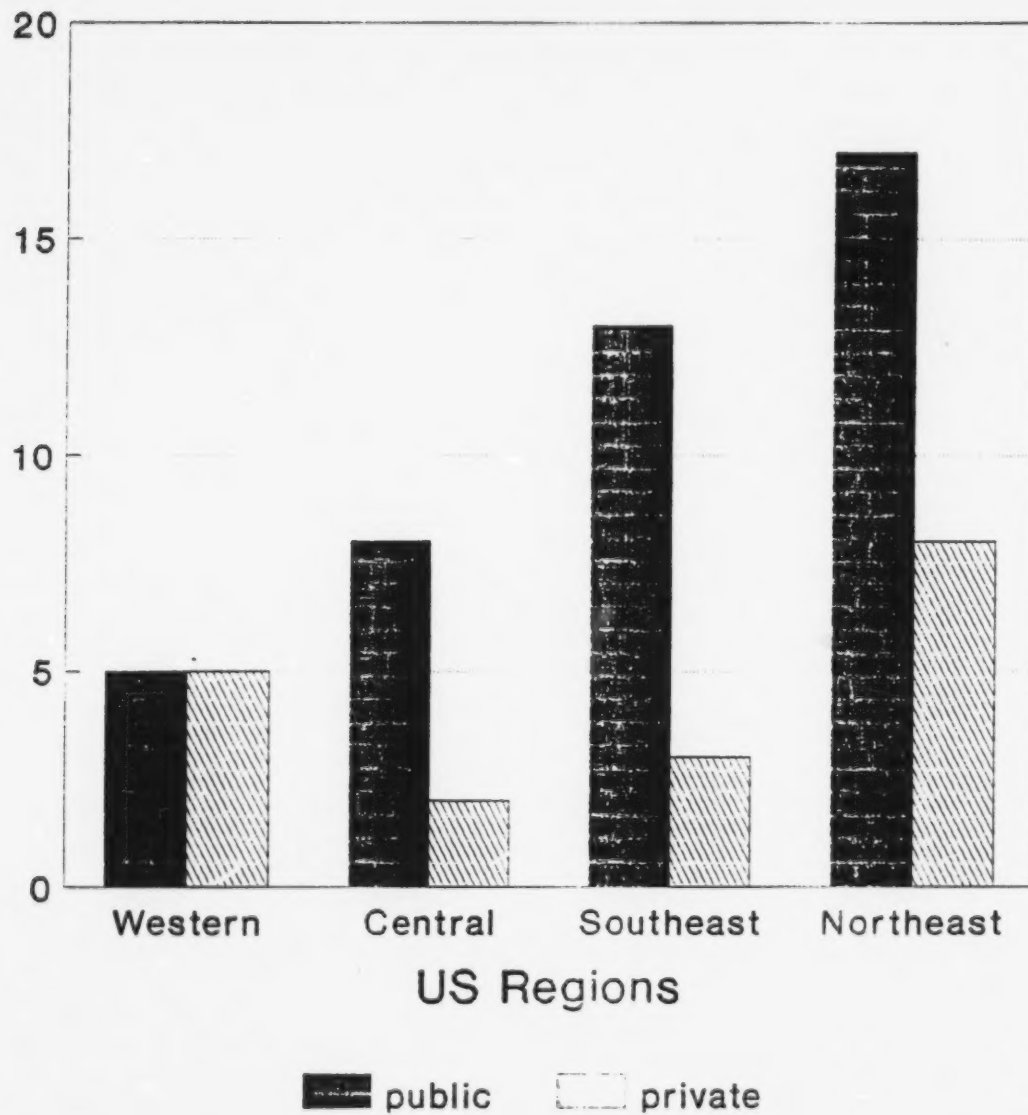


NCCIP PRE TEST DATA

Figure 5

# US REGIONS

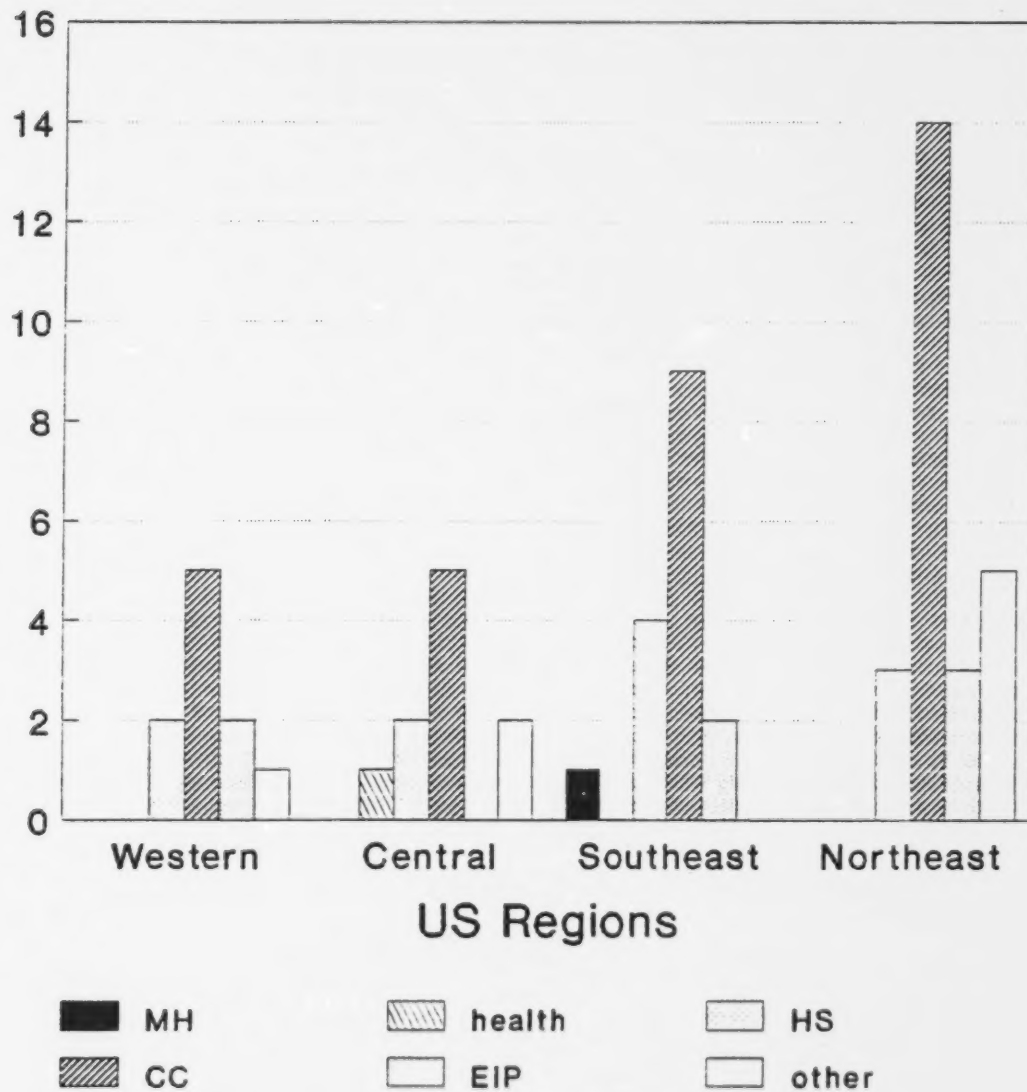
## AGENCY STATUS



NCCIP PRE TEST DATA

Figure 6

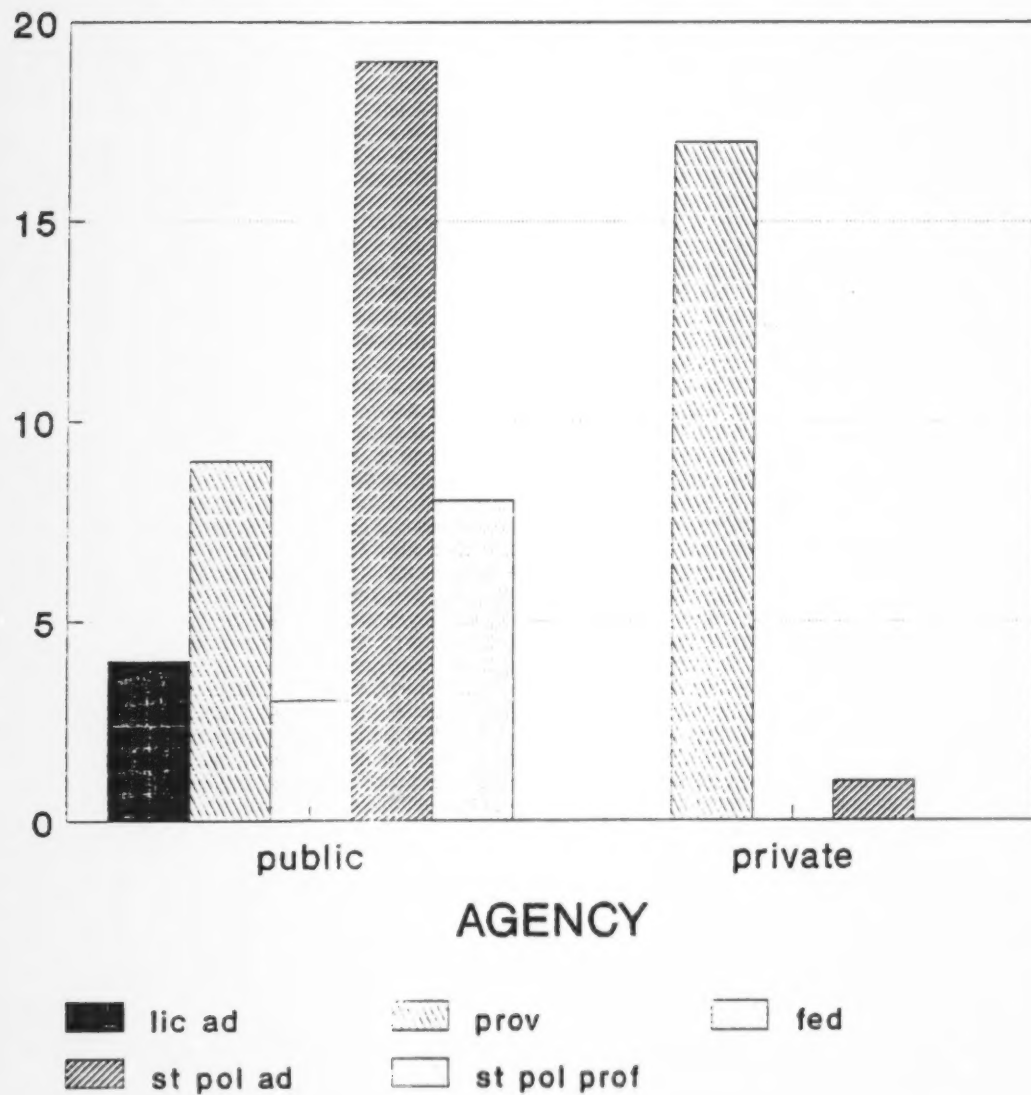
# US REGIONS SERVICE PROVIDER



NCCIP PRE TEST DATA

Figure 7

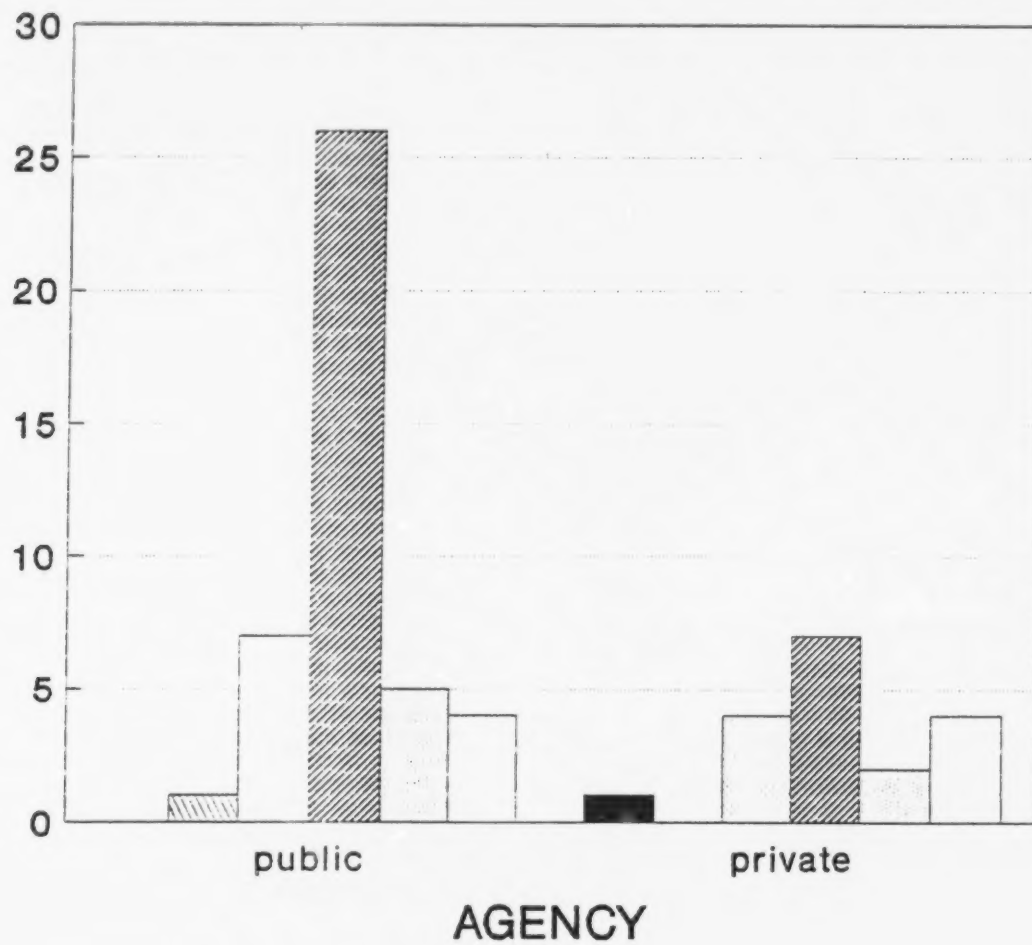
# AGENCY STATUS PARTICIPANT POSITIONS



NCCIP PRE TEST DATA

Figure 8

# AGENCY STATUS SERVICE PROVIDER

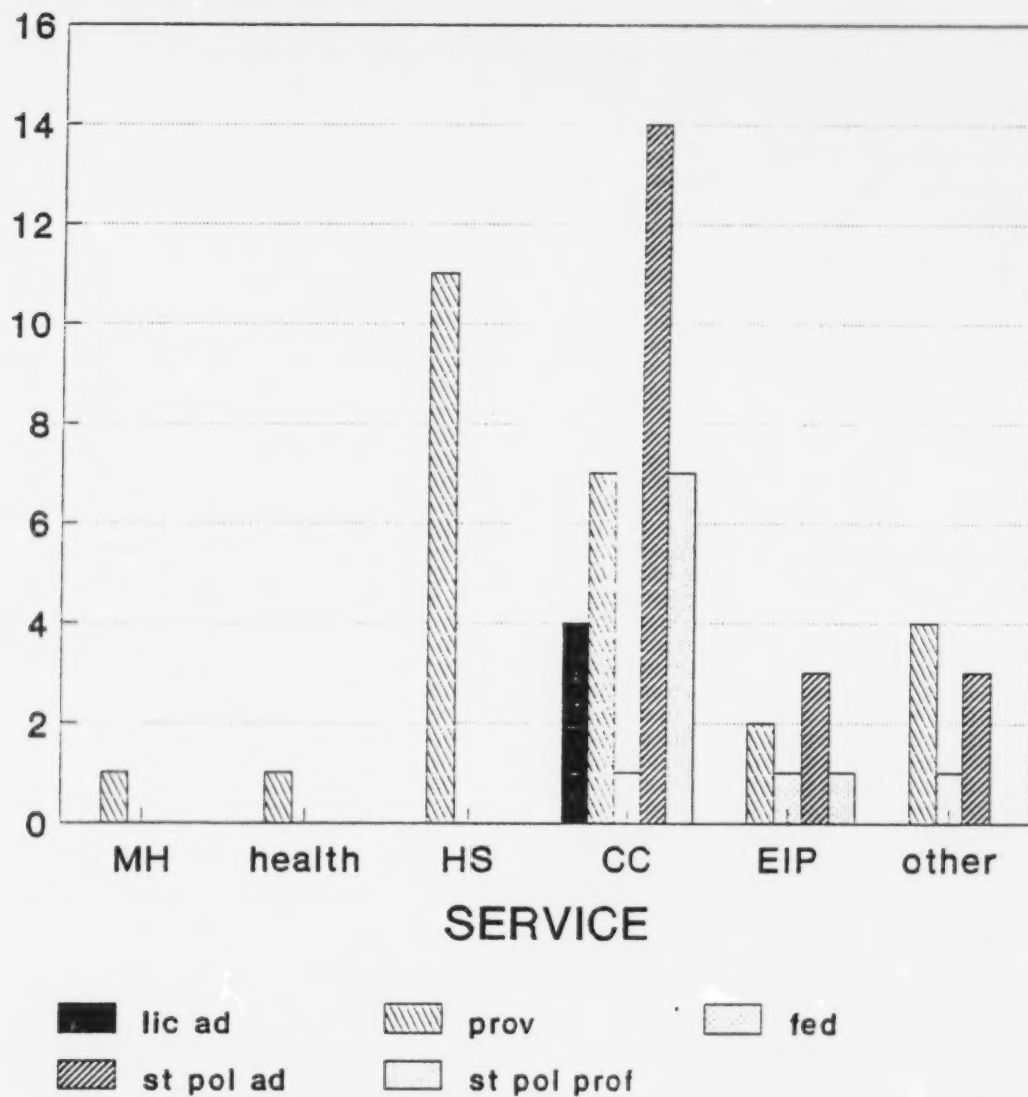


MH
  health
  HS
  CC
  EIP
  other

NCCIP PRE TEST DATA

Figure 9

# SERVICE PROVIDERS PARTICIPANT POSITIONS



NCCIP PRE TEST DATA

Figure 10